

CSS Advisory Board Meeting

Wed April 22nd, 2020

10:00am Via Go-To Meeting

Agenda:

1. Introductions
2. CSS Single Employer
 - a. COVID-19 Response
3. Children's Behavioral Health Services to be available 7/1/2020
 - a. Review Children's Behavioral Health Implementation Plan
 - b. Review amended Policy and Procedures to reflect children reservices
4. Review CSS Annual Service and Budget Plan
 - a. Capital investments for Floyd and Butler County
5. CSS Access Center services
 - a. YSS proposal for youth access center- Shanda Hansen, YSS
6. Prairie View Road to Community Project
7. Mobile Response
8. Community Foundation of NE Iowa Budget Proposal
9. Public Input
10. Next Meeting- Wed August 26th at 10:00am
11. Adjourn



FY21 ANNUAL SERVICE & BUDGET PLAN

**SUBMITTED
4/29/2020**

GEOGRAPHIC AREA: Allamakee, Butler, Black Hawk, Cerro Gordo, Chickasaw, Clayton, Emmet, Fayette, Floyd, Grundy, Hancock, Howard, Humboldt, Mitchell, Pocahontas, Tama, Webster, Winneshiek, and Wright.

APPROVED BY ADVISORY BOARD: 4/22/2020

APPROVED BY GOVERNING BOARD: 4/29/2020

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Introduction

County Social Services was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service (MHDS) Region in compliance with Iowa Code 331.390. The annual service and budget plan is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

The FY2021 Annual Service and Budget Plan covers the period of July 1, 2020 to June 30, 2021. The Annual Service and Budget Plan includes local access points, targeted case management providers, crisis services, intensive mental health services, a description of the scope of services to be provided including core services, budget and financial provisions, and provider reimbursement provisions.

County Social Services will begin FY2021 with 19 member counties. Kossuth, Winnebago and Worth Counties will transition into an adjoining MHDS region as of 7/1/2020.

The Annual Service and Budget Plan has been approved by the County Social Services Governing Board on April 29, 2020, and is subject to approval by the Director of Human Services. The CSS Plan is available in each local CSS office, and on the CSS (www.countysocialservices.org) and DHS websites.

The current membership of the FY2021 County Social Services Governing Board, formed in accordance with Iowa Code 331.390, may be found in the appendix. Additional members representing the Children's Behavioral Services, will be added prior to July 1, 2020. County Social Services, due to the geographical size, also has formed advisory committees in our local service areas for adult and children's services. These groups are also listed in the appendix.

A. Local Access Points

An access point is a part of the County Social Services Regional service system trained to complete MHDS regional applications for persons with a disability.

County Social Services has designated the following access points for mental health and disability services, as well as for children's behavioral health services.

Access Point	Location	Contact Information
CSS 24/7 Support Line	N/A	855-266-1257
County Social Services Local County Offices		
Allamakee County	110 Allamakee Street Waukon, IA 52172	563-568-6227
Black Hawk County	1407 Independence Ave. Waterloo, IA 50703	319-292-2272
Butler County	315 N. Main Street Allison, IA 50602	319-267-2663
Cerro Gordo County	525 9 th Street SE Mason City, IA 50401	641-210-7015
Chickasaw County	114 N. Vine Street West Union, IA 52175	563-422-5047

Clayton County	514 South River Park Dr. Guttenberg, IA 52052	563-252-3215
Emmet County	609 1st Ave N, Ste. 5 Estherville, IA 51334	712-362-2452
Fayette County	114 N. Vine Street West Union, IA 52175	563-422-5047
Floyd County	1206 S. Main St., Ste D Charles City, IA 50616	641-257-6363
Grundy County	706 H Avenue, Suite 1 Grundy Center, IA 50638	319-824-6779
Hancock County	545 State St., Suite 1 Garner, IA 50438	641-590-2340
Howard County	205 2nd Street E Cresco, IA 52136	563-547-9207
Humboldt County	203 Main Street Dakota City, IA 50529	515-332-5205
Mitchell County	415 Pleasant Street Osage, IA 50461	641-832-2615
Pocahontas County	23 3rd Ave NE Pocahontas, IA 50574	712-335-3269
Tama County	211 W. State Street Toledo, IA 52342	641-484-4191
Webster County	308 Central Ave. Fort Dodge, IA 50501	515-573-1485
Winneshiek County	607 Washington St. Decorah, IA 52101	855-266-1257
Wright County	120 1st Ave NW Clarion, IA 50525	515-532-3309
Designated Mental Health Center Access Points		
Black Hawk-Grundy Mental Health Center	3251 West 9th St. Waterloo, IA 50702	800-583-1526
Center Associates	1309 S. Broadway Toledo, IA 52342	800-896-2055
Northeast Iowa Behavioral Health	905 Montgomery St. Decorah, IA 52101	800-400-8923
Pathways Behavioral Services	111 10th St. SW Waverly, IA 50677-0114	800-879-1372
Prairie Ridge Integrated Behavioral	32 N. Eisenhower Ave Mason City, IA 50401	866-429-2391
Seasons Center for Behavioral Health	201 E. 11th Street Spencer, IA 51301	800-242-5101
UnityPoint Health – Berryhill Center	720 S. Kenyon Rd. Fort Dodge, IA 50501	800-482-8305

B. Service Coordination and Targeted Case Management

The following agencies provide service coordination and/or targeted case management for County Social Services.

Service Coordination Provider	Adult/Child/Both	Location	Contact Information
County Social Services Integrated Care Management	Both	Entire CSS region – see access points above	855-266-1257
County Social Services Strength Based Case Management	Both	Entire CSS region – see access points above	855-266-1257
DHS Targeted Case Management	Both	Statewide	515-281-7163

C. Crisis Planning

Sound crisis planning begins with prevention and community education. County Social Services continues to support and/or host prevention and education initiatives within the region. Support is offered to our local NAMI organizations, as well as NAMI Iowa, making NAMI Basics, Family-to-Family, Peer-to-Peer and teacher training classes available in the region. Both Youth and Adult Mental Health First Aid (MHFA) classes continue to be hosted and taught by County Social Services' certified trainer. Local counties and organizations within our communities find value in the region providing this training. The CSS I-START team continues to host monthly Clinical Education Team trainings, which remain free and open to the public. Attendees explore ways to enhance the service system's ability to support individuals with complex needs with understanding treatment options and intervention techniques. I-START also hosts national START trainings via web-based technology, which are also free and open to the public. Each year County Social Services provides stipends for individuals to attend the annual Iowa Empowerment Conference. The region will collaborate with provider and advocacy agencies, Area Education Agencies and school districts to make children's behavioral health prevention and education activities available at least quarterly.

The following accredited crisis services are available to residents of the region for crisis prevention, response and resolution.

24 Hour Crisis Response

Provider	Location	Contact Information
Seasons Center for Community Mental Health	Spencer, IA	800-242-5101
Foundation 2	Cedar Rapids, IA	855-581-8111

County Social Services I-START also has its own 24-hour crisis response line for I-START clients and team members. Although not currently accredited by Chapter 24, 24-hour crisis response is a necessary part of our program in order to gain national START program certification, which is slated to happen in 2020.

24 Hour Crisis Hotline

Provider	Location	Contact Information
YourLifeIowa	https://yourlifeiowa.org/	855-581-8111

Crisis Evaluation

Provider	Adult/Child/Both	Location	Contact Information
Integrated Telehealth Partners	Both	Local E.D.s through telehealth	855-270-3625
Adult Crisis Stabilization Center	Adult	Waterloo, IA	319-291-2455
Seasons Center for Community Mental Health	Both	Spencer, IA	800-242-5101

Mobile Response

Provider	Location	Contact Information
Seasons Center for Community Mental Health	Spencer, IA	800-242-5101

UnityPoint-Berryhill Center in Fort Dodge has also launched the ramp-up of Mobile Response for Humboldt, Kossuth, Pocahontas, Webster and Wright Counties and current plans are to begin services in Webster County on July 1, 2020 and August 1, 2020 in the remaining counties.

County Social Services has been in discussions with the Black Hawk County Sheriff regarding the Sheriff providing Mobile Response to our south service area (Black Hawk, Butler, Grundy and Tama Counties). This discussion will continue after the need for continuous attention to the COVID-19 response subsides.

Crisis Stabilization Community-based Services

Provider	Adult/Child	Location	Contact Information
None currently available			

UnityPoint-Berryhill's Mobile Response, when fully implemented, will be able to remain with a person in their home, or place of response, to provide this service.

Crisis Stabilization Residential Services

Provider	Adult/Child	Location	Contact Information
Adult Crisis Stabilization Center	Adult	Waterloo, IA	319-291-2455

The following Crisis Stabilization Residential Service providers are all currently active in serving individuals in crisis; however, they currently are not accredited due to facility size or are working on accreditation for youth crisis stabilization. Prairie View Management in Fayette, IA is also in the early stages of transitioning their model to include adult crisis stabilization residential in the first half of FY2021.

Provider	Adult/Child	Location	Contact Information
Community & Family Resources	Adult	Fort Dodge, IA	515-576-7261
Youth & Shelter Services	Child	Mason City, IA	641-423-7362
Lutheran Services in Iowa	Child	Waverly, IA (Bremwood campus)	319-859-3533
Youth Shelter Care of North Central Iowa	Child	Fort Dodge, IA	515-955-4222

23-Hour Observation

Provider	Location	Contact Information
None currently available		

We continue conversations with providers regarding 23-hour observation and will have this service available by July 1, 2021.

County Social Services utilizes providers in neighboring regions for crisis services, as well, and reimburse the providers according to the host region contract. We will continue to develop a strong network of crisis services so they are available throughout the region.

D. Intensive Mental Health Services

The region has designated the following provider as an **Access Center**. Although currently not meeting all requirements according to IAC 441—25.6(1) in a coordinated manner in one or more locations to be designated at the state-level, the July 1, 2021 deadline for the state designation is attainable. County Social Services is also actively working with providers in Fort Dodge and Fayette for Access Center designation by July 1, 2021.

Provider	Location	Contact Information
North Iowa Elite Mental Health Services	Waterloo, IA	319-291-2455

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been designated and meet the requirements in IAC 441—25.6(2). Prairie View Management, Inc. in Fayette, IA will also launch an ACT Team prior to July 1, 2021.

Provider	Location	Contact Information
Resources for Human Development	Waterloo, IA	319-229-5030
Unity Point-Berryhill Center	Fort Dodge, IA	800-482-8305
Seasons Center for Community Mental Health	Spencer, IA	800-242-5101

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals. Prairie View Management, Inc. in Fayette, IA is also actively working on a subacute designation. The target date for this service availability is currently July 1, 2020; however, the COVID-19 pandemic may delay this. The region is also actively working with providers in Fort Dodge to develop subacute services in the west service area by July 1, 2021.

Provider	Location	Contact Information
North Iowa Elite Mental Health Services	Waterloo, IA	319-291-2455

The region has designated the following **Intensive Residential Service** providers which have been designated and meet the requirements in IAC 441—25.6(8):

Provider	Location	Contact Information
None currently available		

The region currently has no designated **Intensive Residential Service** providers which have been designated and meet the requirements in IAC 441—25.6(8). However, Prairie View Management, Inc. in Fayette, IA is actively working to provide this service and does already meet many of the requirements. We will have this service available by July 1, 2021.

County Social Services' I-START program is an integral part of the array of services in both the Crisis and Intensive Mental Health Services areas. Our I-START team, using a person-centered, solutions-focused approach, provides a community-based crisis intervention system for individuals with intellectual/developmental disabilities and co-occurring behavioral health needs. I-START supports the work of the local provider and the family/natural support system with a systems of care approach and cross systems crisis prevention and intervention planning. Involvement in I-START optimizes independence, wellness and community living for individuals. START is a national evidence-informed model currently operational in three regions in Iowa.

E. Scope of Services & Budget and Financing Provisions

The table below identifies the scope of services offered by County Social Services. All core services are available. If there is not funding identified in a core service column, it is because it has not been needed historically. If an individual needs funding for a core service and meets eligibility requirements found in Section F of the County Social Services Policy and Procedures Manual, funding will be made available. Core services for children's behavioral health are identified by (**) after the service name. Eligibility guidelines for children's behavioral health services are also located in Section F of the County Social Services Policy and Procedure Manual. The Policy and Procedures Manual can be found online at: <https://www.countysocialservices.org/index.php/programs/disability>. The Policies and Procedures Manual will be updated with the most current version, including additions for children's behavioral health services, as soon as it is approved by the MHDS Commission.

The region will utilize braided funding that includes county, regional, state and other funding sources as necessary and available to meet the service needs within the region.

In FY2021, County Social Services will allow an eligible individual's resources to exceed the resource guidelines set forth in Iowa Code. We will allow resources up to \$12,000 for an individual and \$13,000 for a multi-person household, which match the current resource limitations for the Iowa Medicaid for Employed Persons with Disabilities program. Iowa Code 331.393 subsection 2.h. states: The financial eligibility requirements for services under the regional service system. A plan that otherwise incorporates the financial eligibility requirements of section 331.395 but allows eligibility for persons with resources above the minimum resource limitations adopted pursuant to section 331.395 subsection 1, paragraph "c", who were eligible under resource limitations in effect prior to July 1, 2014, or are authorized by the region as an exception to policy, shall be deemed by the department to be in compliance with financial eligibility requirements of section 331.395.

Table A. Expenditures

FY 2021 Budget	County Social Services MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$320,000	\$2,500	\$2,500	\$0		\$325,000
42306	Medication prescribing & management **	\$220,000	\$0	\$0	\$0		\$220,000
43301	Assessment, evaluation, and early identification **	\$40,000	\$0	\$0	\$0		\$40,000
71319	Mental health inpatient therapy-MHI	\$275,000	\$25,000	\$0	\$0		\$300,000
73319	Mental health inpatient therapy **	\$10,000	\$0	\$0	\$0		\$10,000
	Crisis Services						
32322	Personal emergency response system	\$500	\$0	\$0	\$0		\$500
44301	Crisis evaluation	\$165,000	\$5,000	\$5,000	\$0		\$175,000
44302	23 hour crisis observation & holding	\$10,000	\$0	\$0	\$0		\$10,000
44305	24 hour access to crisis response	\$30,000	\$0	\$0	\$0		\$30,000
44307	Mobile response **	\$700,000	\$30,000	\$10,000	\$10,000		\$750,000
44312	Crisis Stabilization community-based services **	\$15,000	\$5,000	\$0	\$0		\$20,000
44313	Crisis Stabilization residential services **	\$700,000	\$60,000	\$20,000	\$0		\$780,000
44396	Access Centers: start-up / sustainability	\$2,000,000	\$0	\$0	\$0		\$2,000,000
	Support for Community Living						
32320	Home health aide	\$1,000	\$500	\$500	\$0		\$2,000
32325	Respite	\$15,000	\$2,500	\$2,500	\$0		\$20,000
32328	Home & vehicle modifications	\$0	\$0	\$0	\$0		\$0
32329	Supported community living	\$1,500,000	\$200,000	\$150,000	\$50,000		\$1,900,000
42329	Intensive residential services	\$0	\$0	\$0	\$0		\$0
	Support for Employment						

50362	Prevocational services	\$5,000	\$20,000	\$2,500	\$2,500		\$30,000
50364	Job development	\$9,500	\$0	\$500	\$0		\$10,000
50367	Day habilitation	\$50,000	\$150,000	\$15,000	\$10,000		\$225,000
50368	Supported employment	\$20,000	\$85,000	\$50,000	\$0		\$155,000
50369	Group Supported employment-enclave	\$5,000	\$20,000	\$20,000	\$5,000		\$50,000
	Recovery Services						
45323	Family support	\$5,000	\$0	\$0	\$0		\$5,000
45366	Peer support	\$100,000	\$0	\$0	\$0		\$100,000
	Service Coordination						
21375	Case management	\$0	\$0	\$0	\$0		\$0
24376	Health homes	\$5,000	\$0	\$0	\$0		\$5,000
	Sub-Acute Services						
63309	Subacute services-1-5 beds	\$0	\$0	\$0	\$0		\$0
64309	Subacute services-6 and over beds	\$240,000	\$0	\$0	\$0		\$240,000
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$5,000	\$0	\$0	\$0		\$5,000
32396	Supported housing	\$5,000	\$0	\$0	\$0		\$5,000
42398	Assertive community treatment (ACT)	\$850,000	\$0	\$0	\$0		\$850,000
45373	Family psychoeducation	\$5,000	\$0	\$0	\$0		\$5,000
	Core Domains Total	\$7,306,000	\$605,500	\$278,500	\$77,500		\$8,267,500
	Mandated Services						
46319	Oakdale	\$20,000	\$0	\$0	\$0		\$20,000
72319	State resource centers	\$0	\$0	\$0	\$0		\$0
74XXX	Commitment related (except 301)	\$430,000	\$6,000	\$2,000	\$2,000		\$440,000
75XXX	Mental health advocate	\$440,000	\$6,000	\$2,000	\$2,000		\$450,000
	Mandated Services Total	\$890,000	\$12,000	\$4,000	\$4,000		\$910,000
	Additional Core Domains						
	Justice system-involved services						
25xxx	Coordination services	\$120,000	\$3,000	\$2,000	\$0		\$125,000
44346	24 hour crisis line*	\$0	\$0	\$0	\$0		\$0
44366	Warm line*	\$0	\$0	\$0	\$0		\$0
46305	Mental health services in jails	\$245,000	\$5,000	\$5,000	\$0		\$255,000
46399	Justice system-involved services-other	\$0	\$0	\$0	\$0		\$0
46422	Crisis prevention training	\$20,000	\$0	\$0	\$0		\$20,000
46425	Mental health court related costs	\$0	\$0	\$0	\$0		\$0
74301	Civil commitment prescreening evaluation	\$10,000	\$0	\$0	\$0		\$10,000
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$250,000	\$0	\$0	\$0		\$250,000
42397	Psychiatric rehabilitation (IPR)	\$0	\$0	\$0	\$0		\$0
	Additional Core Domains Total	\$645,000	\$8,000	\$7,000	\$0		\$660,000
	Other Informational Services						
03371	Information & referral	\$7,000	\$1,000	\$1,000	\$1,000		\$10,000

04372	Planning, consultation &/or early intervention (client related) **	\$10,000	\$0	\$0	\$0		\$10,000
04377	Provider Incentive Payment	\$0					\$0
04399	Consultation Other	\$0	\$0	\$0	\$0		\$0
04429	Planning and Management Consultants (non-client related)	\$15,000	\$0	\$0	\$0		\$15,000
05373	Public education, prevention and education **	\$35,000	\$5,000	\$5,000	\$5,000		\$50,000
	Other Informational Services Total	\$67,000	\$6,000	\$6,000	\$6,000		\$85,000
Community Living Supports							
06399	Academic services	\$0	\$0	\$0	\$0		\$0
22XXX	Services management	\$1,710,000	\$80,000	\$80,000	\$50,000		\$1,920,000
23376	Crisis care coordination	\$75,000	\$5,000	\$5,000	\$5,000		\$90,000
23399	Crisis care coordination other	\$0	\$0	\$0	\$0		\$0
24399	Health home other	\$0	\$0	\$0	\$0		\$0
31XXX	Transportation	\$100,000	\$60,000	\$60,000	\$5,000		\$225,000
32321	Chore services	\$0	\$0	\$0	\$0		\$0
32326	Guardian/conservator	\$25,000	\$90,000	\$3,000	\$2,000		\$120,000
32327	Representative payee	\$70,000	\$5,000	\$5,000	\$3,000		\$83,000
32335	CDAC	\$7,000	\$0	\$0	\$0		\$7,000
32399	Other support	\$0	\$0	\$0	\$0		\$0
33330	Mobile meals	\$0	\$0	\$0	\$0		\$0
33340	Rent payments (time limited)	\$70,000	\$5,000	\$5,000	\$5,000		\$85,000
33345	Ongoing rent subsidy	\$120,000	\$0	\$0	\$0		\$120,000
33399	Other basic needs	\$135,000	\$0	\$0	\$0		\$135,000
41305	Physiological outpatient treatment	\$5,000	\$0	\$0	\$0		\$5,000
41306	Prescription meds	\$15,000	\$0	\$0	\$0		\$15,000
41307	In-home nursing	\$10,000	\$5,000	\$5,000	\$0		\$20,000
41308	Health supplies	\$0	\$0	\$0	\$0		\$0
41399	Other physiological treatment	\$0	\$0	\$0	\$0		\$0
42309	Partial hospitalization	\$0	\$0	\$0	\$0		\$0
42310	Transitional living program	\$0	\$0	\$0	\$0		\$0
42363	Day treatment	\$0	\$0	\$0	\$0		\$0
42396	Community support programs	\$50,000	\$0	\$0	\$0		\$50,000
42399	Other psychotherapeutic treatment	\$10,000	\$0	\$0	\$0		\$10,000
43399	Other non-crisis evaluation	\$0	\$0	\$0	\$0		\$0
44304	Emergency care	\$0	\$0	\$0	\$0		\$0
44399	Other crisis services	\$0	\$0	\$0	\$0		\$0
45399	Other family & peer support	\$0	\$0	\$0	\$0		\$0
46306	Psychiatric medications in jail	\$50,000	\$0	\$0	\$0		\$50,000
50361	Vocational skills training	\$0	\$0	\$0	\$0		\$0
50365	Supported education	\$0	\$0	\$0	\$0		\$0
50399	Other vocational & day services	\$0	\$0	\$0	\$0		\$0
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$0	\$0	\$0	\$0		\$0
63XXX	ICF 1-5 beds (63317 & 63318)	\$0	\$0	\$0	\$0		\$0

63329	SCL 1-5 beds	\$0	\$0	\$0	\$0		\$0
63399	Other 1-5 beds	\$10,000	\$0	\$0	\$0		\$10,000
	Community Living Supports	\$2,462,000	\$250,000	\$163,000	\$70,000		\$2,945,000
Other Congregate Services							
50360	Work services (work activity/sheltered work)	\$0	\$0	\$0	\$0		\$0
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$1,425,000	\$25,000	\$25,000	\$25,000		\$1,500,000
64XXX	ICF 6 and over beds (64317 & 64318)	\$0	\$0	\$0	\$0		\$0
64329	SCL 6 and over beds	\$125,000	\$50,000	\$0	\$0		\$175,000
64399	Other 6 and over beds	\$35,000	\$0	\$0	\$0		\$35,000
	Other Congregate Services Total	\$1,585,000	\$75,000	\$25,000	\$25,000		\$1,710,000
Administration							
11XXX	Direct Administration					\$1,520,000	\$1,520,000
12XXX	Purchased Administration					\$205,000	\$205,000
	Administration Total					\$1,725,000	\$1,725,000
	Regional Totals	\$12,955,000	\$956,500	\$483,500	\$182,500	\$1,725,000	\$16,302,500
(45XX-XXX)County Provided Case Management							
						\$205,500	\$205,500
(46XX-XXX)County Provided Services (I-START)							
						\$1,135,500	\$1,135,500
	Regional Grand Total						\$17,643,500

*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

**Core services for children with a serious emotional disturbance (SED)

Table B. Revenues

FY 2021 Budget	County Social Services MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/20		\$ 12,368,731
	Less Fund Balance Allocation to 3 Counties Exiting Region		\$ (671,275)
	Local/Regional Funds		\$ 12,817,515
10XX	Property Tax Levied	\$11,710,659	
12XX	Other County Taxes	\$13,403	
16XX	Utility Tax Replacement Excise Taxes	\$382,453	
25XX	Other Governmental Revenues	\$307,200	
4XXX-5XXX	Charges for Services	\$112,000	
5310	Client Fees	\$0	
60XX	Interest	\$40,000	
6XXX	Use of Money & Property	\$1,800	
8XXX	Miscellaneous	\$250,000	
9040	Other Budgetary Funds (Polk Only)	\$0	
		\$0	
	State Funds		\$900,635

21XX	State Tax Credits	\$668,235	
22XX	Other State Replacement Credits	\$231,455	
2250	MHDS Equalization	\$0	
24XX	State/Federal pass thru Revenue	\$0	
2644	MHDS Allowed Growth / State Gen. Funds	\$0	
29XX	Payment in Lieu of taxes	\$945	
		\$0	
	Federal Funds		\$205,500
2344	Social services block grant	\$0	
2345	Medicaid	\$205,500	
	Other	\$0	
	Total Revenues		\$13,923,650

Total Funds Available for FY21	\$25,621,106
FY21 Projected Regional Expenditures	\$17,643,500
Projected Accrual Fund Balance as of 6/30/21	\$7,977,606

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Allamakee	13,832	43.65	603,767	414,960	30.00
Black Hawk	132,408	43.65	5,779,609	3,972,240	30.00
Butler	14,539	43.65	634,627	436,170	30.00
Cerro Gordo	42,647	43.65	1,861,542	1,279,410	30.00
Chickasaw	11,964	43.65	522,229	358,920	30.00
Clayton	17,556	43.65	766,319	526,680	30.00
Emmet	9,253	43.65	403,893	277,590	30.00
Fayette	19,660	43.65	858,159	589,800	30.00
Floyd	15,761	43.65	687,968	472,830	30.00
Grundy	12,304	43.65	537,070	369,120	30.00
Hancock	10,712	43.65	467,579	321,360	30.00
Howard	9,187	43.65	401,013	275,610	30.00
Humboldt	9,547	43.65	416,727	286,410	30.00
Mitchell	10,569	43.65	461,337	317,070	30.00
Pocahontas	6,740	43.65	294,201	202,200	30.00
Tama	16,904	43.65	737,860	507,120	30.00
Webster	36,277	43.65	1,583,491	1,088,310	30.00
Winneshiek	20,029	43.65	874,266	600,870	30.00
Wright	12,690	43.65	553,919	380,700	30.00
Total CSS Region	422,579		18,445,573	12,677,370	30.00

G. Financial Forecasting Measures

The following is a description of the financial forecasting measures used by County Social Services in the identification of service need and funding necessary for services.

Historical service utilization is the starting point for all financial projections and was utilized when developing the current budget. Throughout the year, CSS staff and stakeholders identify unmet needs and areas for service development. This budget was developed using our property tax levy revenue as the guideline. We continually assess community needs and may reallocate funds within the budget as needed to areas of unmet need.

Always keeping our mission of increasing community inclusion and capacity through nurturing partnerships at the forefront, our November 2019 Annual CSS Stakeholder Meeting allowed plenty of time for collaboration and input among attendees regarding FY2021 priorities.

It was interesting to hear some of the top stakeholder priorities are not necessarily service delivery issues but involve structural and system issues within the region and statewide. The stakeholders felt strongly that CSS should partner with our providers to encourage rebasing of the Medicaid rates and suggest legislation to review rate adjustments annually. They also discussed interagency collaboration at the local level so all agencies know what resources are available and what other agencies are doing. Along with that, consensus was that the region needs to invest in marketing so we have an informed community. Stakeholders also wondered why Medicaid will fund higher rates for out-of-state placements but won't fund those rates for in-state providers. Showing how forward-thinking this stakeholder group is, they asked how we can use technology to better serve people. Can Medicaid reimburse SCL support for telephonic/video support? Seeing where we are today, this question was very timely.

Stakeholders clearly prioritized children's services. The group was asked if CSS should push beyond the mandated services and the answer was yes. We should strive for prevention in our delivery and funding of children's services. Also a priority to stakeholders is an Access Center in the west service area of the region, which is being worked on. The comment also was made that there needs to be incentive for providers to serve complex individuals in order to meet the Intensive Residential Services requirement.

The final question posed to the group was, "If nothing else changes by this time next year, what is the one thing that needs to change?" Medicaid reimbursement was the top answer.

County Social Services will also budget for additional service development in the areas of Crisis Services and Intensive Mental Health Services in order to be in compliance by July 1, 2021. The addition of Children's Behavioral Services will impact this year's budget, as well. Although County Social Services currently funds outpatient and crisis stabilization residential services for children, as well as many other services in our matrix, the allocation of a staff position and the impact of a higher sliding fee income threshold will both add to our FY2021 budget. Crisis stabilization residential expenditures for children are expected to increase with the implementation of mobile crisis and more awareness of this service. We are budgeting approximately \$575,000 for Children's Behavioral Services in FY2021.

County Social Services strives to be responsible stewards of the taxpayer's finances, while at the same time be responsive to the needs of the mental health and disability service system. While our fund balance may be used for start-up funds for some needed projects, we keep in mind that ongoing region funding for services that should be funded by Medicaid is not sustainable. Region funding with the property tax revenue available continues to be for gaps in the current service system and needed services not reimbursed by Medicaid.

H. Provider Reimbursement Provisions

The following is a description of the types of funding used by County Social Services.

- **Fee for service:**
County Social Services will contract with MHDS providers whose base of operation is within the region. County Social Services may also honor contracts that other regions have with their local providers or may choose to contract with providers outside of the region. A contract may not be required with providers that provide one-time or as needed services. A fee for service approach will be utilized in most provider contracts outlining the services to be provided and the rate of reimbursement. All payments will be based on a pre-authorized request for service authorization with the exception of court ordered payments, such as civil commitment costs, and crisis services.
- **Block grant payments:**
County Social Services utilizes block grant funding for activities not specified to one individual, but that benefit the population as a whole. Block grant funding is used for drop-in centers, matching dollars for the federal PATH grant for homeless outreach, judicial hospital referees, mental health reentry programs, etc.
- **Compensation for a “system of care” approach:**
A System of Care funding approach is used for services such as our CSS I-START services. Even though County Social Services employs the I-START staff, we apply a per member per month rate to each individual served. We also use this methodology to fund the psychiatric services in the Black Hawk County Jail, spreading the cost over the individuals served that month.
- **Use of nontraditional providers:**
When a non-traditional provider arrangement is more appropriate than a fee for service approach with a contracted provider, the service coordinator will request such arrangements. A non-traditional provider may be an individual, organization and/or business who delivers services in the consumer’s home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MHDS services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will benefit the consumer’s functioning, assist them in maintaining community tenure, and act as an alternative way to achieve the consumer’s stated goals or outcomes. A request can be made by any consumer, or the consumer’s authorized representative, to utilize non-traditional providers for services as approved in the Regional Management Plan. Non-traditional providers may be subject to certain licensing, certification, accreditation or other state approval standards. County Social Services contracts with Veridian Fiscal Solutions to enroll members in region-funded Self-Directed Services. This service delivery model allows the individual to select a non-traditional provider of their choice and become the actual employer. Payroll is run through Veridian Fiscal Solutions.
- **Incorporation of all funding sources for individuals including Medicaid:**
The Region is responsible for ensuring that MHDS services are available to all residents of the region regardless of funding source. County Social Services will ensure that individuals apply for all funding sources prior to accessing regional funding, including private insurance, Medicaid, Medicare and other funding mechanisms which ensure that individuals and their families are able to optimally live, work, and recreate in integrated communities of their choice.

Appendix A

County Social Services Board July 2020		
Name	Title	Representing
Roy Schwickerath	Board Chair	Floyd County Board of Supervisors
Craig White	Vice Chair	Black Hawk County Board of Supervisors
Karl Helgevold	Secretary/Treasurer	Wright County Board of Supervisors
Dennis Koenig	Board Member	Allamakee County Board of Supervisors
Greg Barnett	Board Member	Butler County Board of Supervisors
Chris Watts	Board Member	Cerro Gordo County Board of Supervisors
Jacob Hackman	Board Member	Chickasaw County Board of Supervisors
Sharon Keehner	Board Member	Clayton County Board of Supervisors
John Pluth	Board Member	Emmet County Board of Supervisors
Jeanine Tellin	Board Member	Fayette County Board of Supervisors
Jim Ross	Board Member	Grundy County Board of Supervisors
Gary Rayhons	Board Member	Hancock County Board of Supervisors
Pat Murray	Board Member	Howard County Board of Supervisors
Sandy Loney	Board Member	Humboldt County Board of Supervisors
Barb Francis	Board Member	Mitchell County Board of Supervisors
Clarence Siepker	Board Member	Pocahontas County Board of Supervisors
Larry Vest	Board Member	Tama County Board of Supervisors
Mark Campbell	Board Member	Webster County Board of Supervisors
Floyd Ashbacher	Board Member	Winneshiek County Board of Supervisors
Eric Donat	Board Member	Adult or Actively Involved Relative of Adult who utilizes MHDS
*TBD	Board Member	Parent or Actively Involved Relative of Child who Utilizes CBH
*TBD	Board Member	Regional Education System Representative
Marcia Oltrogge	Non-voting Ex-Officio Board Member	Regional MHDS Adult Service Provider
*TBD	Non-voting Ex-Officio Board Member	Regional Children's Behavioral Service Provider

*TBD-names will be presented and voted on at the May 27, 2020 CSS Board Meeting. This Appendix will be updated at that time.

Appendix B

CSS Children's Behavioral Health Advisory Committees

	North Service Area	East Service Area	South Service Area	West Service Area
Parents/Relatives of CBH Services				
Educational System	Ann Lupkes, AEA	Chamoni Delong, Keystone	Donna Kitrick, Waterloo Schools	Julie Runksmeier, NU schools
	Michelle Dohman- Riceville Schools	Amy Holst- Keystone AEA	Dana Miller- Central Rivers AEA	Deborah Koester-Rees, FD
	Jamie Heard- MC Schools	Pat Lehmann		Mary Kenny- Ft Dodge school
	Kristi Aschenbrenner- Osage Nurse			Katie Black, North Union prin
	Lori Riley- St Ansgar Schools			Lynnae Harvey, FD schools
	Kandice Bienfang-Lee, AEA SW			Jackie Fonley, Pocahontas
	Christin Squier, AEA			Courtney Cook
	Laurie Huftalin			Josh Seltz
Early Childhood Advocates	Samantha Soash			
Child Welfare Advocates	Katy Thoreson, fam tx court		Meg Campbell	Melissa Loehr
	Cody Williams			
CBH Service Providers	Shanda Hansen, YSS	Patrick Costigan, Mosaic	Nichole Winther- Families First	Emily Rohlk, Season's Center
	Mia Masteller, Four Oaks	Elizabeth Lippert Kane	Stuart Feldman, MercyOne	Sarah Cain- Families First
	Melissa Clough, FMC	Bethany Ellingson	Jena Burch, Allen SW	Abby Seltz- Families First
	Alyse Devries	Carson Eggland	Judy Phelps, DHS	Katie Royster, CFI
	Stacy Ward, Autism Center		Ashley Ross, LSI	Crystal Engstrom- CASA
	Bridgid Christainson, child therapist		Julie Johnson Heart & Solutions	
	Melissa Nelson		Noelle Iben, LSI	Pat Cirks
Community Member	Jolene Norby		June Klein-Bacon-BI Alliance	Jennifer Pullen
			Alexis Holmes, Peoples Clinic	Rachell Swanson
			Saleena Neuhaus, LISW	Beth Plautz
			Katie Wahl, BHGMHC	Jill Barr
			Sara Kastli, Peoples clinic	
Juvenile Court System			Ruth Frush	
Pediatricians				
Child Care Providers		Linda Duffy, CHSC	Child Care Resource & Referral	Megan Sprecher, CHSC
Local Law Enforcement	Mike McKelvey, MCPD	Dan Marx, Winneshiek Sheriff		Alex Leu, Fonda PD
Regional Governing Board				

This list will be updated after the Advisory Committees meet on April 22, 2020, noting the CBH Regional Advisory Committee members and filling in more names as available.

Appendix C

CSS Advisory Committees

	North Service Area	East Service Area	South Service Area	West Service Area
CSS Board Representative	Roy Schwickerath	Floyd Ashbacher- CHAIR	Greg Barnett	Sandy Loney
	Chris Watts	Sharon Keehner- VICE CHAIR	Craig White	John Pluth
	Ken Abrams	Jeanine Tellin	Larry Vest	Mark Campbell
	Gary Rahons	John Logsdon		Karl Helgevold
		Pat Murray		
Sheriff or Representative	Pat Shirley	Dan Marx	Tony Thompson	James Stubbs
	Mike McKelvey- Vice Chair			Dean Kruger
				Alex Leu
Public Health Representative	Gayle Arjes	Cheryl McConnell	Jennifer Becker	
	Chelcee Schleuger			Julie Richter
Primary Care Representative	Sarah Enke	Julie Creery		
	Laura Zwiefel			Beth Hively
Network Provider Representative-DD	Heather Curtis	Jamie Halse	June Klein-Bacon	
	Heidi Berg	Shirley Christainson	Haley Krall	Teresa Naughton
	Melissa Clough		Brittney Montross- Vice Chair	Robert Ammann
	Heidi Hansen		Erika Benedict	
	Sherry Becker		Melody Moser	
	Simone Schmitt			
Network Provider Representative-CMHC	Kelly Grunhovd	Marcia Oltrogge- Provider Rep	Tom Eachus	Beth Hively
		Judy Holthaus	Chris Hoffman	Aaron McHone
			Trinette White	
			Gina Hiler- CHAIR	
School Representative	Chris Hageman	Greg Schutte	Donna Kitrick	Jeff Herzberg
	Mike Fisher	DJ Scholtes	Brian Foster	
Children's Provider Representative	Jen Hansen	Kristine Turner	Julie Johnson	Ashley- Lotus
	Shanda Hansen- Provider Rep	Shannon Brown		Michael Popp
		Heidi Loebig		
Community, consumer, or family	Stewart Dalton- CHAIR	Janel Clarke- Consumer Rep	Melissa Hovenga	Nicole Spencer
	Jolene Norby	Mary Kelly		Michelle DeLaRiva
		Joy Conrad		Randy Hoover
				Robin Hoover
			Andrew Osborn	

Appendix D

2020 Federal Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.	Monthly 100%	Monthly 150%
1	\$12,760	\$1,063	\$1,595
2	17,240	\$1,437	\$2,155
3	21,720	\$1,810	\$2,715
4	26,200	\$2,183	\$3,275
5	30,680	\$2,557	\$3,835
6	35,160	\$2,930	\$4,395
7	39,640	\$3,303	\$4,955
8	44,120	\$3,677	\$5,515
For each additional person, add	4,480	\$373	\$560

Effective January 15, 2020 - Per the Department of Health and Human Services
<https://aspe.hhs.gov/poverty-guidelines>

Appendix E

County Social Services 2020 Sliding Fee Schedule for CMHC Outpatient Services

	Household Size:								
Client Co-Payments	1	2	3	4	5	6	7	8	% Poverty
	Income listed is the upper threshold for that copayment.								
No Fee	\$1,595	\$2,155	\$2,715	\$3,275	\$3,835	\$4,395	\$4,955	\$5,515	150%
\$10	\$1,808	\$2,442	\$3,077	\$3,712	\$4,346	\$4,981	\$5,616	\$6,250	170%
\$20	\$2,020	\$2,730	\$3,439	\$4,148	\$4,858	\$5,567	\$6,276	\$6,986	190%
\$30	\$2,233	\$3,017	\$3,801	\$4,585	\$5,369	\$6,153	\$6,937	\$7,721	210%
\$40	\$2,446	\$3,304	\$4,163	\$5,022	\$5,880	\$6,739	\$7,598	\$8,456	230%
\$50	\$2,658	\$3,592	\$4,525	\$5,458	\$6,392	\$7,325	\$8,258	\$9,192	250%
\$60	\$2,871	\$3,879	\$4,887	\$5,895	\$6,903	\$7,911	\$8,919	\$9,927	270%
\$70	\$3,084	\$4,166	\$5,249	\$6,332	\$7,414	\$8,497	\$9,580	\$10,662	290%
\$80	\$3,296	\$4,454	\$5,611	\$6,768	\$7,926	\$9,083	\$10,240	\$11,398	310%
\$90	\$3,509	\$4,741	\$5,973	\$7,205	\$8,437	\$9,669	\$10,901	\$12,133	330%
\$100	\$3,722	\$5,028	\$6,335	\$7,642	\$8,948	\$10,255	\$11,562	\$12,868	350%
Full Fee	>\$3,722	>\$5,028	>\$6,335	>\$7,642	>\$8,948	>\$10,255	>\$11,562	>\$12,868	>350%

*monthly gross income

Income listed is the upper threshold for that copayment.

100% Poverty	\$1,063	\$1,437	\$1,810	\$2,183	\$2,557	\$2,930	\$3,303	\$3,677
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9 COVID-19 RESPONSE

County Social Services Mental Health and Disability Services Region (CSS) initiated response to the COVID-19 Pandemic on March 13, 2020. During this period CSS leadership will meet daily to assess, plan and initiate further response to the pandemic. The purpose of this initiative is to ensure the safety of our team and expand mental health and disability service supports. Expansion of services will target essential health and safety needs of our community.

9.1 EMPLOYEE ACTION PLAN EFFECTIVE MARCH 9, 2020

At this time the CSS team is encouraged to work from home. Team members are allowed access to their office for those who feel safe and can sustain social distancing. Team members working in our offices will take turns disinfecting daily and enforce the COVID-19 Screen for any encounters with the public. Team members will not be allowed to gather for shared meals or meetings during this period of social distancing recommended by the government. Team members will not share office space or automobiles during this period. Team members will be required to use some form of face mask if unable to maintain social distancing when outside of their homes. CSS will provide team members with other PPE depending on the relative risk of infection. A COVID-19 Screening tool will be used for public access as we move through this crisis. (see attachment)

These CSS guidelines involve a rapidly evolving public health emergency. CSS will continue to reassess these guidelines as the public health emergency and the law evolves. CSS reserves the right to amend or revise these guidelines at any time.

9.1.1 PURPOSE

To protect employees and the individuals we serve. To establish a consistent approach to an infectious disease which is potentially impactful to the quality and timeliness of services. To provide a way to distribute information to employees and answer any questions or concerns.

This is a working document and will be further updated as information is released, and legislation is passed by the federal and state government. CSS will strive to follow all guidelines put in place by the Centers for Disease Control (CDC), Iowa Department of Public Health (IDPH), and our local county Departments of Public Health Agencies.

9.1.2 COVID-19

Covid-19, or coronavirus, is a respiratory illness for which no vaccine exists and people do not possess immunities from previous exposure/infection. This new (“novel”) coronavirus was discovered in Wuhan, China in December 2019. The incubation period for COVID-19 is estimated to be approximately 14 days. COVID-19 is spread through infected aerated respiratory droplets

from a host coming into contact with a recipient's mouth, nose, or eye membranes via talking, coughing or sneezing. Transmission may be human-to-human, object-to-human, fecal matter-to-human. There is possible, but low threat of animal-to-human and food-to-human exposure as well. Because of the possibility of person-to-person transmission, it is important that you stay a minimum of six (6) feet away from persons with whom you are interacting and refrain from handshakes and other forms of human touching. Common areas such as computers, mice, public countertops, chairs, tables, doors, knobs, light switches, restroom sinks and toilet handles, manual soap and sanitizer dispensers should be regularly wiped down with disinfectant. Employees using these items should wash their hands or use sanitizer with at least 60% alcohol following the contact.

9.1.3 ESSENTIAL SERVICES PERSONNEL

CSS employees are considered essential workers as defined by the US Department of Homeland Security (Memo issued on 3/19/2020).

Essential services personnel are allowed to go to work as long as they remain asymptomatic and monitor their temperature at the beginning and end of their shift. If essential services personnel become symptomatic at any point during their shift, they should be sent home immediately and self-isolate until the conditions below (recommendations for all ill essential services personnel) are met. When essential service personnel are not working, they should stay at home and isolate themselves from others in the home for 14 days after their last exposure.

If essential services personnel are providing healthcare in a hospital (pre and post setting), long-term care, residential care facility- they should wear a procedure/surgical mask when providing care (within 6 feet of patients).

If our employees do not have PPE available, we do not expect employees to expose themselves to others. We are hopeful to be seeing more PPE in the near future.

9.1.4 WORK SCHEDULES

CSS may modify work schedules as follows:

1. work from home entirely;
2. work partially from home and work partially at their worksite;
3. work staggered shifts either on a full-time or part-time basis;
4. adjust work hours as necessary;

Employees are not permitted to work overtime while working from home unless this is authorized by their supervisor.

During this time, if you are reporting to work or working from home, you may be asked to perform tasks that are not normal for your job description. This is just temporary during this time of necessity. Please be adaptable and understanding.

CSS will periodically re-evaluate this situation and workplace attendance and leave policies.

9.1.5 COVID-19 RELATED LEAVE

CSS will provide employees an additional 2 weeks (80 hours) paid leave if the employee is:

1. Subject to a quarantine or isolation order next advised by their health care provider to self-isolate due to COVID-19 issues.
2. Experiencing symptoms of COVID-19 and seeking a medical diagnosis.
3. Caring for an individual (does not have to be a family member) who is subject to (1) a federal, state, or local quarantine or isolation order related to COVID-19; or (2) advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
4. Caring for the employee's child (under age eighteen (18) if the school or place of care has closed or the child care provider is unavailable due to COVID-19 precautions.
5. Experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.

The CSS Board approved this effective 3/25/2020 through the Governor's Declaration for the State of Iowa. When the declaration lifts this goes out of effect. When an employee is working from home they need to stay home during their regular working hours (ex: 8am-430pm) with the exception of leaving for food or medication needs only. CSS employees will abide under good faith with monitoring by their supervisors.

Employees meeting one of these criteria shall report their desire to take this leave to their Supervisor. At this time employees shall be required to provide proof of the need for such leave, which may include through a quarantine or isolation order, a note from their healthcare provider, or proof that their child's school/childcare has closed and there is no other suitable caregiver available.

CSS employees can access their Medical Leave Bank waiving approved FMLA absences for reasons relating to COVID-19 not stated above or as an extension to the 80 hours through the Iowa Governor's Proclamation approval period. Proclamation started on 3/9/2020 and currently goes through April 30th, 2020 unless sooner terminated or extended in writing by the Governor.

CSS employees can be paid for time available to work from home. It is the responsibility of the supervisors to handle workloads, schedules, and monitoring of staff.

Families First Coronavirus Response Act (FFCRA) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions have been provided under legislation with the U.S. Department of Labor's Wage and Hour Division and have been applied from April 1, 2020 through December 31, 2020.

The following are requirements of the FFCRA however the CSS Board has approved to compensate employees at 100% of their pay.

- For full-time employees, 80 hours.
- For part-time employees, a number of hours equal to the number of hours that such employee works on average, over a two-week period.
- There are caps on the amount of money an employee taking this leave may be compensated.

This 80 hours of paid leave for full-time employees, or two-week equivalent of pay for part-time employees, is a separate source of paid leave required by the Families First Coronavirus Response Act. During this two-weeks, employees' personally accrued leave banks will not be depleted, and employees will be paid 100% of their pay. While the FFCRA has placed caps on the amount of pay employees are entitled to receive for absences related to COVID-19, CSS has decided that all employees should be entitled to 100% of pay regardless of any caps in federal law so employees are receiving full paychecks even if they must be absent for the described COVID-19 related reasons.

If employees exhaust this two weeks of pay and cannot return to work and their absence is related to reasons (1), (2), (3), (4), and (6), the employee may be paid through the use of any of their accrued leave banks. If employees exhaust this two weeks of pay and cannot return to work and their absence is related to reason (5) above and they have been employed for at least thirty (30) days, the employee is entitled to additional leave as described below in the EMERGENCY EXPANDED FMLA section.

CSS will allow employees who are requesting this leave for school or childcare closures or unavailability to use the leave on an intermittent basis. For example, for an employee requesting this leave for school or childcare closure or unavailability who is able to work part-time due to other individuals being able to care for the child(ren), that employee shall be able to use their hours intermittently for any leave experienced until the hours they are entitled to are exhausted.

However, the employee shall work with their supervisor to schedule the intermittent leave to minimize the impact on CSS business operations as much as possible

Employees seeking to use this leave for any other reason other than school or childcare closure or unavailability are not permitted to use this leave on an intermittent basis.

9.1.6 EMERGENCY EXPANDED FMLA

On March 18, 2020, the federal government temporarily expanded the FMLA to include a new qualifying reason for FMLA leave related to the public health emergency. *A qualifying need related to a public health emergency means that the employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age of such employee if the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency, and a suitable alternative caregiver is not available.*

In addition to CSS's FMLA policy already in place, the following guidelines apply to this new qualifying reason:

The only eligibility requirement for employees to be eligible for this leave is that the employee has been employed for thirty calendar days prior taking the leave.

The employee shall be paid for this leave as follows:

- Employees will be paid two-thirds (2/3) of the employee's regular rate of pay (as determined by Section 7(e) of the FLSA).
- For employees whose schedules vary from week to week, the employee will be paid two-thirds of their regular rate of pay for those hours that the employee would have worked if the leave was not necessary. If the hours the employee would have normally worked are not apparent, the hours the employee should be compensated for will be calculated as follows:
 - A number equal to the average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes such leave, including hours for which the employee took leave of any type.
 - If the employee did not work over the 6-month period, the reasonable expectation of the employee at the time of hiring of the average number of hours per day that the employee would normally be scheduled to work.

Under no circumstances will an employee be compensated more than \$200/day or \$10,000 in the aggregate for this leave.

9.1.7 ILLNESS REPORTING

When our member counties open to the public CSS will open to the public. CSS offices and vehicles will stock disinfectant wipes, masks, gloves for staff and guests. The COVID Screening Tool will be used daily for anyone entering the office. Guests will be seen only in a designated office that is wiped down between each use. CSS team members will daily wipe down common touch surfaces. Other environmental barriers will be assessed for additional measures to reduce transmission.

If entering an environment, the team member assesses a risk for COVID they will immediately contact their supervisor to discuss the best risk management approach. CSS will strive to have enough personal protective equipment (PPEs) for universal precautions. All staff have been trained on the use and disposal of PPEs.

Please Do Not Enter a CSS office if:

- If you or a family member are experiencing any of the following flu-like/respiratory symptoms,
- Fever – over 100.4 degrees Fahrenheit
- Coughing
- Sneezing/Sore Throat
- Shortness of Breath
- Any other flu-like symptom. Uncommon symptoms of COVID-19 include diarrhea, nausea, and fatigue.
- Have been diagnosed with COVID-19 and/or tested positive for COVID-19.
- Been around someone who has been diagnosed with COVID-19 or tested positive for COVID-19. This includes living in the same household or spending time within six (6) feet of someone who has been diagnosed with COVID-19 or tested positive for COVID-19.
- Have traveled outside of Iowa in the past 14 days

Employees experiencing any of the above should report it immediately. Employees should call their supervisor to report these conditions.

An employee may not return to work for 14 days after any or all of the above symptoms subside, have tested positive or diagnosed with COVID-19, or been around someone who has been diagnosed or tested positive for COVID-19.

Upon returning to work from an illness, employees will be verbally screened by the CSS Training and Development Specialist.

9.1.8 TRAVEL

As of the date of this policy all employees and their family members who travel as defined by this policy will be subject to the following requirements:

For purposes of this policy, "Travel" is defined as follows:

- Non-essential: (1) traveling to any location outside of a fifty (50) mile radius of or (2) attending a gathering of more than ten (10) people regardless of the location.
- Essential: (1) necessary travel that does not meet the definition of non-essential travel. CSS will authorize essential travel on a case by case basis.

All CSS-related Non-Essential Travel as defined by this policy is suspended. (i.e. conferences or non-essential meetings.)

For anyone engaged in Non-essential Travel as defined by this policy and planning to return to work, you will be required to self-isolate away from work for fourteen (14) days. You will only be allowed to return to work if symptom and fever free as defined by the CDC guidelines. For anyone who chooses to engage in non-essential travel as defined above you will be required to use PTO during this time to be compensated for your normal working hours.

CSS employees will not be transporting individuals during this COVID-19 pandemic.

9.1.9 MEETINGS

No group meetings shall be held in-person for the duration of this policy. All meetings shall be held electronically or over the phone.

CSS CEO or his designee shall update all staff on developments throughout this time period. CSS Administrators and Supervisors are meeting daily and have been since March 13th, 2020 to implement and monitor COVID-19 response. Meeting notes are taken daily and are available to all CSS employees on SharePoint or via email for those employees who do not have Share Point.

9.1.10 HIGH RISK EMPLOYEES

If you are at "higher risk" for becoming ill from the virus (pursuant to the CDC's guidance, see:

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

please feel free to communicate that to your supervisor. The information you provide will be kept strictly confidential in your medical file and will be used solely for the purposes of determining your potential need for a leave of absence or for modifications to your work schedule and/or work environment during the pandemic.

9.1.11 PERIOD OF ACTIONS

Leave authorized by this policy shall expire on December 31, 2020 (based on provisions from the FFCRA) and no leave shall be carried forward to 2021.

9.2 TELEWORK POLICY

It is the purpose of this policy to provide CSS employees with guidelines for telework employment arrangements due to COVID-19. This policy applies to both full time and part-time employees.

Telework allows an employee to work at home, or at a satellite location for all or part of the employee's regular workweek. Telework is a work alternative that may not be appropriate for all employees and not for all jobs. Appropriateness will be determined at the sole discretion of the employee's Supervisor and subject to approval by Information Technology (IT) who is responsible for verifying if the arrangement is suitable. The CSS Supervisor is responsible for obtaining a written agreement signed by both parties.

Telework is not an entitlement and is at the sole discretion of the CSS Supervisor and Administrative team. Telework in no way changes the terms and conditions of employment with County Social Services. All telework arrangements will be communicated to the IT department.

Physical presence at County Social Services office locations is the general expectation for all employees. Telework is only appropriate for certain situations, including a public health emergency (COVID-19 pandemic), and with approval of the CSS Administrative staff.

Employees desiring to request a Telework arrangement shall make a request in writing to their Supervisor including: the days and hours they are requesting to telework from a home office, the location of said home office, the reason for the request, the equipment necessary to suitably equip a home office (i.e. laptop, printer, etc.) and any other information pertinent to the request.

The availability of telework for an employee of County Social Services **can be discontinued at any time** at the discretion of the CSS Supervisor/CSS Administrative team. There may be instances when no notice is possible.

9.2.1 PERFORMANCE EXPECTATIONS

The employee is expected to communicate regularly and effectively with supervisors, coworkers and individuals they serve to the same degree that would be achieved if working from their CSS office. The employee must demonstrate an understanding about time management, productivity and accountability for their work quality and deadlines. Telework shall not be used as a substitute for dependent care or sick leave. Employees who telework are expected to make dependent care arrangements during the workday unless an unforeseeable situation is communicated with their supervisor.

Employees may, at the discretion of their immediate supervisor be called to work to their CSS office or within the community to meet workload demands. If an employee is teleworking during the workday and he/she comes into their CSS office, the time traveling from the employee's home to the worksite must be treated as job site travel and therefore be counted as hours worked and compensated accordingly.

Employees are responsible for maintaining a safe and ergonomic working environment while teleworking. Workers compensation will not apply to non-job related injuries that occur in the home. CSS will not be responsible for injuries to third parties or members of the employee's family that occur on the employee's premises. In the event of a work-related injury, the employee will allow home office inspections conducted by CSS.

Telework employees shall not hold business meetings with internal or external individuals or colleagues at their personal residence. Employees shall not conduct any unauthorized (non-CSS) work during their telework schedule. The employee's supervisor may regularly request progress reports to check on the status of the employee's work from home. CSS reserves the right to monitor network access logs to verify activity.

The employee will be expected to report any illness and use PTO or Medical Leave Bank available leave time, if unable to work. The employee is also expected to request PTO for a desired day off.

9.2.2 WORK ENVIRONMENT & SUPPLIES

General office supplies, such as pens and paper, will be provided by CSS. Other out of pocket expenses, such as hardware, including but not limited to printers, scanners, fax machines, ink cartridges, etc; as well as office furniture to make the home office a suitable telework site will not be covered by CSS.

Telework employees will use their CSS equipment. Employees may consult with the CSS's IT department for access to the CSS network. Employees must conform to the CSS software and security standards. CSS will consult with IT if their support staff is needed.

Remote access to the CSS network may be provided to the employee at the discretion of the employee's supervisor after consulting with the IT department. Employees who telework from home are subject to the same internal CSS policies regarding the use of CSS provided equipment and services as that of employees at the CSS located worksite. CSS will not purchase or reimburse employees for the cost of an internet service provider or internet use.

Employees will use their CSS cell phones for all phone calls.

The employee is responsible for returning equipment to the CSS office for repair or replacement. If an employee neglects or inappropriate care is the cause of necessary repair or replacement, the employee may be expected to pay associated costs.

Upon separation of employment, the employee shall return all CSS owned equipment and supplies within twenty-four hours.

9.2.3 SCHEDULING & WORK ARRANGEMENTS

The employee agrees to be accessible by phone, email, or other mode of communication (i.e. instant messaging, video conferencing, etc.) within a reasonable time period during the agreed upon work schedule. The employee and their supervisor will also agree upon deliverables and expectations.

9.2.4 FLSA REGULATIONS

In general, non-exempt employees are not permitted to telework due to the nature of the work. In those rare circumstances where it is necessary for a non-exempt employee to telework due to a business need or other special situation, the following guidelines apply:

- Telework employees who are classified as non-exempt under the Fair Labor Standards Act will be required to record all hours worked in a manner designated by CSS.
- In circumstances where non-exempt employees have been approved to telework, employees will be held to the same standard of compliance as office-based employees.
- Hours worked in excess of those specified per day and per workweek, in accordance with state and federal requirements will require the advance approval of their supervisor.

All telework arrangements will be made on a case by case basis, focusing first on the organizational and business needs of CSS.

9.2.5 CONFIDENTIALITY

It is the employee's sole responsibility to maintain the confidentiality and proper storage of CSS information, to prevent unauthorized access to any CSS system or information and dispose of work-related documents in a manner that will not jeopardize the interests of CSS. We encourage employees to work in a private area if possible, to avoid distractions and maintain confidentiality.

9.2.6 TELEWORK AGREEMENT

CSS TELEWORK AGREEMENT

I have read and understand the County Social Services Telework Policy due to COVID-19 and agree to the duties, obligations, responsibilities, and conditions for teleworkers described in the policy.

I agree that, among other things, I am responsible for furnishing and maintaining my remote work space in a safe manner, employing appropriate telework security measures, and protecting employer assets, information, proprietary data and software, confidentiality obligations and systems, and maintaining scheduled work hours as required to meet the needs of CSS.

I understand that telework is voluntary and is not an entitlement and is at the sole discretion of the CSS supervisor. This agreement in no way changes the terms and conditions of employment with CSS. I may request to stop teleworking at any time with prior notice and approval. I also understand that CSS may at any time, with or without prior notice or cause, change any or all of the conditions under which I am permitted to telework, or withdraw permission to telework.

I have read and understand the policies concerning the security of electronic information and understand that the information gained from access to various computer systems is to be used strictly for work. As a teleworker, I will strictly adhere to the CSS policy on HIPAA confidentiality security agreement. I will not allow unauthorized persons to have access to the telework workstation in my possession. I fully understand that allowing any unauthorized persons access to the telework station, and/or the release of any information to unauthorized persons will result in immediate termination.

Employee Name: _____ Job Title: _____

Employee Signature: _____ Date _____ :

Supervisor Signature: _____ Date: _____

9.3 PRIMARY SUPPORT INTERVENTIONS

CSS also coordinates public access with our member counties to offer consistent access to public services. When our member counties open to the public our offices will open as well. Our communications officer staffs our 855-266-1257 during business hours and then is transferred to on call staff to provide 24/7 access to assistance.

CSS transitioned care coordination to cell phones and laptop to have a stronger presence in the community. This has made our access to clients and the community sustainable as we began working from home.

9.3.1 PRIMARY ACCESS NUMBERS

CRISIS LINE:

- YourLife Iowa Phone 24/7 855-581-8111
- YourLife Iowa Text 24/7 855-895-8398

ACCESS CENTERS:

- Adult Crisis Stabilization 319-291-2455
- Community & Family Resources 515-576-7261
- Unity Point Berryhill Triage Ctr 515-574-8398

DESIGNATED MENTAL HEALTH CENTERS

- Prairie Ridge 641-424-2391
- Pathways Behavioral Services 319-352-2064
- NE IA Behavioral Health 563-382-3649
- Black Hawk Grundy MHC 319-234-2893
- Center Associates 641-484-5234
- Berryhill Center 515-955-7171
- Seasons Center 800-242-5101

BASIC NEEDS & RESOURCES (RENT, BENEFIT ASSISTANCE, FOOD, PHONE, MEDICATION, TRANSPORTATION)

- 211
- County Social Services: 855-266-1257 www.countysocialservices.org
- LifeLong Links 866-468-7887

9.3.2 COMMUNITY OUTREACH

Reaching out is one of the best ways to reduce anxiety, depression, loneliness, and boredom during social distancing, quarantine, and isolation. Use any resource that works for you such as the telephone, email, text, chat, and social media.

Self-care practices are personal and can include reading a book, listening to music, walking the dog, working on a project or eating healthy. During stressful times, try to stick to your routine to maintain a sense of normalcy and to manage stress. Wake up and eat meals at your regular time and get dressed even while you are staying at home.

When symptoms associated with your anxiety have affected your ability to function in some part of your life, it's time to reach out. Reach out to your healthcare provider and discuss your concerns.

WAIVE OUT OF POCKET FOR OUTPATIENT MENTAL HEALTH TREATMENT

Through June 30, 2020 CSS will waive all out of pocket cost for mental health outpatient services at designated Community Mental Health Centers (CMHCs) in the CSS Region for residents of the region. The purpose is to reduce barriers to mental health treatment and facilitate implementation of telehealth delivery. CMHCs may also request approval for assisting clients with phone and internet service for needed treatments.

CSS will also reimburse designated CMHCs for mental health treatment delivered in good faith by telephone and/or video. Before submitting claims they will request funding approvals.

OPEN ACCESS

CMHCs may also request reimbursement of therapy hours during the week to provide open access to individuals who are not enrolled with the agency. These hours can be used for scheduled urgent visits, immediate access, support for people living with someone who is struggling. The hours must be requested through our CMHC authorization team. They will be paid at the contract hourly rate for the clinician.

9.4 SECONDARY AND TERTIARY SUPPORT EXPANSION (IOWA MEDICAID COVI-19 TOOLKIT)

CSS will mirror all measures taken by Iowa Medicaid to respond and support providers in response to COVID-19.

CSS reached out to community-based providers to assess additional needs. Personal protective equipment (PPEs) has been a consistent concern along with access to testing to ensure new referrals are not presenting a risk to other clients and the agency. Providers were directed to communicate directly with their county's Emergency Management Directors. Test remain limited and are discouraged for use on asymptomatic individuals.

CSS authorized the reimbursement of all community-based care that could be provided telephonically or by video. In addition, CSS allows for the reimbursement of direct assistance provided on behalf of an individuals without them being present i.e. grocery shopping and securing other basic needs.

CSS will expand eligibility for meals for individuals unable to safely secure nutrition. We will collaborate with our two Area Agencies on Aging; Elderbridge and NEI3A to leverage their meal delivery system to assist disabled individuals as well as the elderly. Meals are \$8.10 each. Frozen meals can be requested for 14 meals at a time for a weeks' worth of food. Elderbridge and NEI3A may approve meals for individuals under 60 and disabled and transfer information to CSS to authorize reimbursement.

9.4.1 COVID-19 RESPITE

Long-term support providers would like support for clients in isolation or quarantine related to COVID-19. CSS will offer financial support and attempt to collaborate with providers to offer this service when and if it is needed.

9.4.2 ACCESS CENTERS

CSS conducted a meeting with region Sheriffs about the concern of reduce access to local Emergency Departments with the concerns of COVID-19. Integrated Telehealth Partners reported a 20% reduction in ED psychiatric assessments due to the pandemic. CSS organized efforts to accelerate the implementation of the East and West Access Centers.

The East Access Center (ACSC in Waterloo) is ready for full implementation. Law Enforcement designated to the East Access Center can begin diverting individuals out of the justice system and away from local emergency rooms. Conversations with the court system indicated that more communication is needed before courts will order immediate custody (Iowa Code 229.11) to Access Centers which meet the criteria of 229.11 (c). " In the nearest facility in the community which is licensed to care for persons with mental illness or substance abuse, provided detention in a jail or other facility intended for confinement of those accused or convicted of crime shall not be ordered."

The East Access Center has a Medical Director on staff able and certified to complete the examination required by Iowa Code 229.10 Physicians' or mental health professional examination-report. "If respondent is detained pursuant to a section 229.11 (c) the examination shall be conducted within forty-eight hours."

To ensure capacity for law enforcement diversions the CSS Transition Program has initiated transitional housing for individuals at Access Centers. If waiting for housing individuals will be

transitioned to local motels with identified support agencies while looking for permanent housing.

The West Access Center (CFR in Fort Dodge) is ready for direct admit of individuals order under Iowa Code Chapter 125. CFR does not have a Medical Director able to conduct 229.10 examination reports. To facilitate medical clearance and mental health assessments, Berryhill CMHC initiated a Behavioral Health Triage Service. This service is available starting April 2, 2020 during the COVID-19 Pandemic, 10 AM to 10 PM, 7 days a week. The direct access number for law enforcement is 515-574-8398. Individuals will access this service through the lower level door on the east side, facing Trinity Regional Medical Center.

Once orders are issued for immediate custody at the designated Access Center, CSS will work with Hospital Referees to conduct hearings at the Access Centers.

██████████ *BERRYHILL CENTER BEHAVIORAL HEALTH TRIAGE SERVICES*

Beginning, Friday, April 3, 2020, Berryhill Center will be providing behavioral health triage services to individuals who are having a mental health crisis. During the COVID-19 pandemic, services will be provided from 10:00 AM to 10:00 PM, 7 days per week. Behavioral Health Triage Services will include receiving an assessment from a licensed mental health clinician and being connected to appropriate interventions. Additional interventions could include but not limited to :

- Telehealth evaluation from a psychiatric provider
- Inpatient psychiatric admission
- Admittance into the crisis stabilization center
- Connection to other community resources for basic needs.

Services will be provided at Berryhill Center's Fort Dodge location (720 Kenyon Road, Fort Dodge). Patients should access this service through the lower level door on the east side, facing Trinity Regional Medical Center.

Due t regulatory and capacity limits Berryhill Center can serve the following:

Patients who would be appropriate for Berryhill Center's Behavioral Health Triage Center

- 18 and older
- Minors with guardians
- Any patient not included below

Patients who would be NOT appropriate for Berryhill Center's Behavioral Health Triage Center

- Aggressive patients
- Minors who do not have a guardian to sign a consent to treat
- Medically fragile patients (i.e. patients needing medical attention in addition to behavioral health services)
- Patients with open or fresh wounds from cutting or hurting themselves (i.e. patients requiring medical treatment)

Additionally, Berryhill Center has the following visitor restrictions for people who may be accompanying patients

- Patients over 17 may have 1 support person accompanying them, if needed.
- Patients 17 and under may have up to 2 support people.
- No siblings or other children will be allowed.
- No visitors will be allowed if they have a temperature above 100, cough, sore throat, or shortness of breath.

COVID-19: Screening Checklist for Visitors and Employees

ALL individuals (visitors and employees) entering the building must be asked the following questions.

Name of Individual: _____

For Access to Department/Room: _____

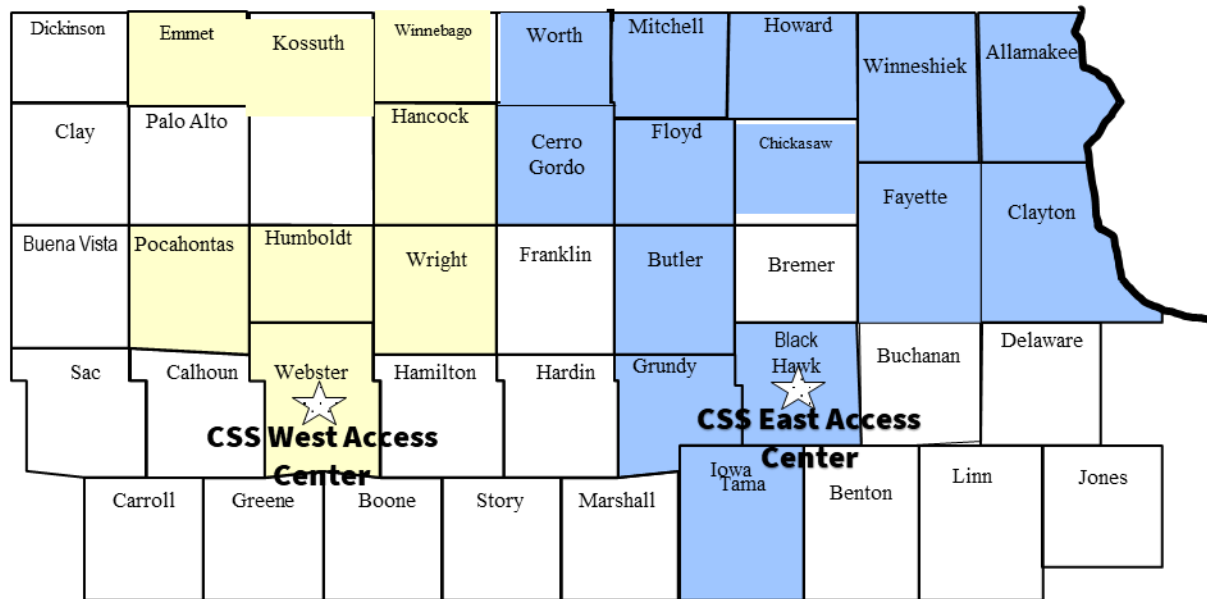
Date: (ex 3/29) _____

	Day of Week						
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	_____	_____	_____	_____	_____	_____	_____
1. Have you traveled outside of Iowa in the past 14 days? If YES, restrict from entering the building. If NO, proceed to #2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you, someone you live with, or coworkers come into close contact (within 6 feet) with someone who is a suspected or confirmed COVID-19 diagnosis in the past 14 days? If YES, restrict from entering the building. If NO, proceed to #3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you washed your hands or used alcohol-based hand sanitizer on entry? If NO, ask them to do so. If refusal to do so, restrict from entering the building.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you had any of the following: Fever of 100.4°F or higher in the last 72 hours? Sore throat in the last 7 days? Cough in the last 7 days? New shortness of breath or difficulty breathing in the last 7 days? <u>While you are in the building, should you experience any of above, you must report so and leave the building.</u> If YES to any, restrict from entering the building. If NO to all, proceed to question #5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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5. Do you agree to wash your hands or use alcohol-based hand sanitizer throughout the day while in the building; practice social distancing; not shake hands with, touch or hug individuals while in the building; and report changes to any of the above items or any COVID-19 related issues as described by the Center for Disease Control with the next 14 days to the department(s) you interacted with while in the building? If YES, allow entry to the building. If NO, restrict from entering the building.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. If you plan to be on the premises for multiple days, you must answer questions 1-5 for each day, on the day you are in the building, and place your initials in appropriate column here: The department you are visiting will retain this paper and make available for multiple days.	_____	_____	_____	_____	_____	_____	_____

Sign In
 (Employee or Visitor's Signature): _____

Date: _____

County Social Services Access Centers



9.5 DISCUSSION GUIDE TO MAKING A PLAN WITH YOUR FAMILY

There’s no one more capable of planning for your situation than you!

Creating a family plan is an important component in emergency preparedness. Starting the conversation can feel overwhelming. Use this framework to help guide your family’s process in creating a plan that meets the unique needs of you and your loved ones.

9.5.1 PREPARING FOR THE MEETING

1. Set the stage for the Family Plan Discussion: Set the stage for your family’s response plan discussion. Set aside a specific time and day to work through your plan as a group. **Allow up to 45 minutes or an hour for the discussion.** It’s best to avoid late-evening conversations when people may be feeling tired or stressed from a long day. Be sure everyone involved in the conversation has plenty of notice of when the conversation will be and the goals of the conversation.

2. Logistics for the meeting: At the time of the meeting, gather as a group in an area of the home that is comfortable. Turn off all cell phones, TV’s and other distractions. Since the conversation may be emotional, plan to have tissues on hand and water to drink. Snacks are helpful but not required.

- Water for everyone
- Tissues
- Snacks (optional but recommended)
- TV and cell phones off

3. Ground rules for the group: As you start the discussion, you may want to review some basic ground rules to keep the conversation productive.

- Everyone has a chance to be heard
- Not everything needs to be solved in this meeting, we can always revise our family plan
- Give everyone permission to take a time-out from the discussion and regroup when it seems appropriate

Ask if everyone agrees to these ground rules, and whether anyone has additional ground rules to add. Write them here:

9.5.2 HAVING THE DISCUSSION

1. Starting the discussion: *This is a suggested script to help get the conversation started. It's important to acknowledge that your family may feel anxious or afraid, they may be confused about what's happening in the community and how it might impact you. Staying calm, answering questions to the best of your ability, and listening actively will help you and your family make a plan you can all follow.*

Suggested script:

“There may be a time when something happens, and I may need to isolate myself from you.”

“Being isolated can seem scary.”

“But when we have a plan that we’ve worked on together, it helps things to be less scary, because we know what we’re going to do. Our family plan will also help us to know how we are going to stay connected.”

“We are going to work through some questions that can help us put our family plan together. It’s ok if you don’t have an answer to some of these questions right away. I might not have all the answers to questions either....We can always come back to this plan when you have ideas that you are ready to share.”

2. Identifying and prioritizing options for isolation and discussing the family impact

“Let’s talk about what isolation options work best for our family.”

Discuss isolating at home – perhaps in the basement or in a separate room; alternate location such as a shelter facility; etc.. Begin with a brainstorming exercise where no idea is a bad idea....even silly ones the kids may come up with like living in the kid’s playhouse out back.

Write these ideas here:

Talk about the benefits of each location and what that might mean for your family’s routine and support for you.

Prioritize your list of options. Circle the top two or three options and **determine which is your #1, #2, and #3.**

3. Staying connected during isolation

“Being isolated doesn’t mean we can’t stay connected. It just means we’ll have to do some things differently.”

Walk through each of these questions, making sure each person has a chance to answer – including you. *Write down their comments on the worksheet.*

“What things are important to you...to maintain a connection with me?” (This could be a discussion about frequency of connection – several times per day or at bed time. Also talk about HOW to connect - - phone call, video chat, etc...)

“Would you want to think about a memento you may want to hold on to, to feel connected to me while I’m away?” (You may also think about something you’d like for yourself)

“What are some important things our family needs, to maintain a sense of stability” (Is there a routine in the family that you could be involved in, even if virtually...such as family dinner, bedtime routine/reading a book, something else that you regularly do with your family member)

9.5.3 FAQ’s

Your family members may have questions. It’s important to allow time to talk through their concerns.

“You may have lots of questions. I will try my best to answer them, and if I don’t have the answer, I can always reach out to my supervisor to help find the answers.” (Allow time here for people to ask questions and talk about their worries.)

Listen carefully to find out what your family members understand about the situation. Answer questions truthfully and in a way they can understand, and correct any misinformation.

Offer calm reassurance to exude sense of security and stability when family members express feelings. *When you share your feelings, it will open the conversation for your family members to share too.*

1. Understanding “isolation”

“Let’s talk about some things that could cause me to isolate from you”

You might need to clarify what isolation is, young kids might think it’s because somebody did something wrong. Please stress that when people are in isolation it does not mean they did something wrong, but that they are trying to protect themselves or others from getting sick.

Talk about events that could mean that you would want to be isolated to protect your family from being sick.

2. Setting expectations on duration of isolation

“You might wonder how long I might need to be isolated.”

Provide as much information as you can about potential duration of isolation practices.

3. Speaking with children and family members about their feelings

Keep lines of communication open and encourage your family members to share feelings, thoughts, or questions as they arise. Give children extra time and attention to build a sense of security and safety. Focus on what the family is doing to stay safe. Help to normalize the feelings people may be experiencing.

You might say things like,

"It's normal to feel emotions like anger, fear, or sadness."

"We will take this one day at a time and we are here for each other."

"Yes, this can feel scary. We are working hard to keep everyone in our family safe."

"Even though we don't have answers to everything now, when we know more, we will talk about it as a family."

"How are you feeling about all of this?"

4. A few tips to help your family during this time

Maintain daily routines and schedules as much as possible. These routines help build predictability and give people a sense of normalcy

The Tapping Solution has a free App with free guided tapping scripts for managing anxiety and stress related to COVID-19 for parents to do with their kids. It's a wonderful mind/body approach to creating calming response in the nervous system. The Tapping Solution provided tapping programs in school with children/survivors of the Newtown tragedy. You can find their app here: <https://www.thetappingsolution.com/blog/tapping-solution-app/>

Your agency has access to additional resources to help you cope with the stress of the COVID-19 response including Employee Assistance Programs (EAP), Peer Support, and CISM.

Contact your supervisor to facilitate these no-cost resources for you and your family.

9.5.4 MAKE A FAMILY PLAN WORKSHEET

There's no one more capable of planning for your situation than you!

Where to go..

1. Isolate at home in separate area from others
2. Stay at a Department Designated Facility
3. Family may relocate to another family home or safe location

What to take...

1. Personal Items, toiletries, medications, sanitizers, tissues,
2. Several sets of uniforms, foul weather gear and comfortable clothing
3. Cell Phone, laptop or other electronics with chargers
4. First Aid Kit, radio, flashlight
5. Snacks
- 6.

How to keep in contact....

1. Set up a Zoom, Facetime, or Messenger Meeting or social media chat functions to send messages to each other

2. Use electronics to participate in distance activities, helping with homework, eating a meal together, reading a book together, playing a board or word game, exercise together, listen to music or dance.

3.

4.

9.6 COVID-19 IN PLAIN LANGUAGE



Plain-Language-Inf
ormation-on-Coron.